2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000047279

Entity Name: ASHTON DOWNS, INC.

FILED Feb 18, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5500 PHILLIPS HWY 6639 SOUTHPOINT PARKWAY JACKSONVILLE, FL 32207

SUITE 107

JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

6639 SOUTHPOINT PARKWAY 5500 PHILLIPS HWY JACKSONVILLE, FL 32207

SUITE 107

JACKSONVILLE, FL 32216

FEI Number: 20-2576172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SAYAR, GEORGE Y SAYAR, GEORGE Y

6639 SÓUTHPOINT PARKWAY 550000 PHILIPS HIGHWAY

JACKSONVILLE, FL 32207 US SUITE 107

JACKSONVILLE, FL 32216 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 02/18/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition Name:

SAYAR, GEORGE Y SAYAR, GEORGE Y Name:

5500 PHILLIPS HWY 6639 SOUTHPOINT PARKWAY, STE 107 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32216

Title: Title: () Delete

(X) Change () Addition Name: SAYAR, JAVID A Name: SAYAR, JAVID A

5500 PHILLIPS HWY 6639 SOUTHPOINT PARKWAY, STE 107 Address: Address:

JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title: CHAPLIN, JENNIFER D CHAPLIN, JENNIFER D Name: Name:

6639 SOUTHPOINT PARKWAY, STE 107 5500 PHILLIPS HWY Address: Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete Title: (X) Change () Addition

CARSTENS, SAMA CARSTENS, SAMA Name: Name: 6639 SOUTHPOINT PARKWAY, STE 107 Address: 5500 PHILLIPS HWY Address:

City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER CHAPLIN S 02/18/2008